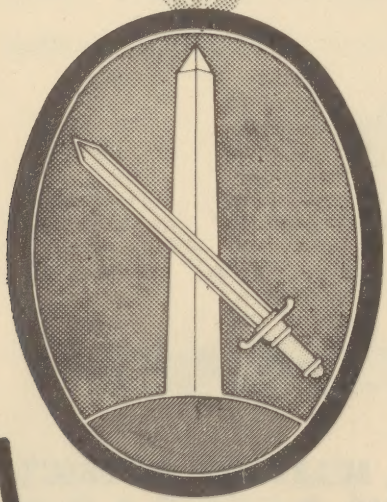
(DOCUMENT SECTION)

VOLUME 3
REPORT NO. 11

RESTRICTED

MONTHLY HEALTH REPORT

Military District of Washington



ARMY MEDICAL
DEC 20 1950
LIBRARY

RESTRICTED

November 1950



THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE OF THE UNITED STATES WITHIN THE MEANING OF THE ESPIONAGE LAWS, TITLE 18, U.S.C., SECTIONS 793 AND 794. THE TRANSMISSION OR THE REVELATION OF ITS CONTENTS IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIBITED BY LAW.

HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
Room 1543, Building T-7, Gravelly Point
Washington 25, D. C.

SEASON'S GREETINGS

To all personnel of the Military District of Washington and their families, I extend best wishes for a Merry Christmas and a Happy New Year.

I congratulate each of you for a job well done during a year in which our country has had to make momentous decisions and engage in military action to uphold the principles upon which this nation was founded. Only men and women of courage dedicated to God can keep alive freedom in a world of fear. All mankind is depending on our ability to lead in a troubled world.

May God's strength be ours as we face together the responsibilities of the New Year.

Thomas W. Herren

THOMAS W. HERREN
Major General, USA
Commanding

SEASON'S GREETINGS

I take this opportunity to wish all the personnel engaged in the Medical activities of the Military District of Washington, both civilian and military, a very Merry Christmas and a Happy New Year. May 1951 bring health and prosperity to you and your families.

Robert E. Bitner

ROBERT E. BITNER
Colonel, MC
Surgeon, MDW



INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as a basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Army Medical Service personnel in the field.

Robert E. Bitner

ROBERT E. BITNER
Colonel, MC
Surgeon

CONTENTS

PAGE

ADMINISTRATIVE SERVICE
- Table -- Outpatient Service 20
- Table -- Hospital Mess Administration 20

ARMY FIELD SURGEON
- Army Field Surgeon, Specialist 12
- Physical Examinations 12

CIVILIAN EMPLOYEES' HEALTH SERVICE PROGRAM
- Prevent Dermatitis - Use Protective Creams 21
- The Chest X-Ray Program of the Civilian Health Service 22

DENTAL SERVICE
- Table -- Dental Service 20

MEDICAL BATTALION
- Headquarters and Headquarters Company of the Medical Battalion, Infantry Division 5

MISCELLANEOUS
- Fort Lesley J. McNair 15
- Food Poisoning 17
- Nonpatient Personnel in Army Hospital Messes 18

PREVENTIVE MEDICINE
- Army Tested Antibiotic Held Promising as Rat Repellent 10
- Rodent Control 10
- General Comment 13
- Communicable Disease 13
- Table -- General Data 14
- Table -- Admissions, Specified Disease 14
- Venereal Disease 15
- Table -- New Venereal Disease Cases 15
- Chart -- Admission Rates of Common Respiratory Disease and Injury 16
- Chart -- Venereal Disease Admission Rates by Month 16
- Table -- Consolidated Venereal Disease Statistical Report 19
- Table -- Venereal Disease Rates for U. S. 18
- Chart -- Venereal Disease Total Rates 18
- Chart -- Venereal Disease White Rates 17
- Chart -- Venereal Disease Negro Rates 17

U. S. ARMY HOSPITAL, FORT BELVOIR, VIRGINIA
- Recreation Facilities available at the U.S. Army Hospital, Ft. Belvoir, Va. 1
- Music Therapy - U. S. Army Hospital, Fort Belvoir, Va. 2
- Public Vouchers for Civilian Medical Services 2

VETERINARY SERVICE
- Man's Health and the Public Health Veterinarian 3
- Table -- Veterinary Service 20



RECREATION FACILITIES AVAILABLE AT THE U. S. ARMY HOSPITAL
FT. BELVOIR, VA.
by
Katherine Coupar
Recreation Worker - American Red Cross

The recreation program for patients at the U.S. Army Hospital, Fort Belvoir, Va. is a medically approved program provided by the Red Cross in accordance with military regulations.

The purpose of the program is to provide opportunities for the patient to pursue normal recreational interests according to his medical limitations in a hospital situation, and, in so doing, help him to maintain his morale so that he is more receptive to medical treatment. To do this a varied and flexible program is required to meet the individual needs of the patient and to provide a range of opportunities for all types of people.

The hospital provides medical care for the Military District of Washington, as well as for the service men and women assigned to duty at this Post. One of its unique qualities is the friendly, cooperative spirit that prevails throughout the hospital among the staff, patients, and families.

Many of the patients are young recruits assigned here on the Post for special training and away from home for the first time. The Red Cross through its program strives to maintain a homelike atmosphere where the patient may find a variety of activities from which he can choose and to provide opportunities for many of these men to develop new recreational interests.

A newly painted recreation hall and lounge furnished in comfortable and cheerful decor, provides a proper setting for this program. The recreation hall is equipped with ping pong tables, pianos, phonographs and records, musical instruments, card tables for table games, such as checkers, jig saw puzzles, chinese checkers and all types of card games, while the lounge affords a quiet spot where the patients may read, write letters, or entertain visitors. These facilities are available during the open hours of the building, but in the evening special activities are planned such as hostess parties, treasure hunts, tournament nights, card game nights, chef's nights, birthday and special holiday parties, and bingo and auditorium shows provided by interested community groups.

These special programs have a two fold purpose in that they not only provide entertainment for the patients but, also, give them an opportunity to participate in the planning and execution of the program through patient committees. Working together as a team, they are afforded the opportunity to introduce new ideas, to express their creative abilities, and to develop leadership qualities through a democratic process. A recent special feature introduced by the patients in the chef's night when the Red Cross kitchen is opened for them to practice their culinary arts making fudge, ice cream in an old-fashioned hand churner, waffles and other favorites. The cake may fall or the fudge not harden by the sharing of responsibilities in self-appointed committees and the fun and yarns that develop through this group project have a real value to the patient.

For the non-ambulatory patients confined to the ward, a similar program is planned including ward movies, entertainment, parties, music hours, record making, bingos and different type quiz programs. All these activities are planned according to the interests of the patients, within their medical limitations and are cleared with the doctor in charge of the ward.

The Reconditioning Service at this hospital is set up to provide a physical reconditioning program, an occupational therapy program, a visual aid program, a radio and television program and a duty hour convalescent program for bed, ambulatory and convalescent patients. Their facilities consist of a well equipped gymnasium together with a dark room for the amateur photographer, a "Little Theatre" with television, an occupational therapy shop, a radio studio, and an outside sports area consisting of an outdoor swimming pool, tennis and basketball courts, croquet, badminton, and shuffleboard equipment.

The two programs are carefully coordinated in order to provide maximum facilities and activities for the benefit of the patients.

During the patients convalescent period he is provided the opportunity of receiving passes to take advantage of facilities on the Post such as the Theatres, and Service Clubs and to enjoy off-the-post special event activities for which tickets are secured through the Red Cross Entertainment and Instruction Committee in Washington, D.C.

MUSIC THERAPY - U.S. ARMY HOSPITAL FORT BELVOIR, VIRGINIA

The Reconditioning Service of the U. S. Army Hospital, Fort Belvoir, Virginia is responsible for the operation of the Hospital Radio Studio, WBBS, and is thereby able to utilize such, as a therapeutic adjunct in the management of the sick and wounded.

Three basic methods are used to stimulate patient listening and participation; that is three channels are used to bring in programs of interest from the local and National Networks. One channel is used for the Studio's own Program; and interested Patients are assigned to the Radio Studio for training and duties during their convalescent period.

The Daily Program eminating from the Studio's own channel consist of 1/2 hour of stimulating March Music, AFRS transcriptions (Information, Education and Entertainment Programs), Chaplain's Time, Patient Request Programs, Patient interviews and participation programs, Guest Talent Programs, News, Hospital and Post Highlights, and Special Programs eminating from the Red Cross Auditorium.

Patients are informed of the Studio's Activities by Special Mimeograph notices and announcements. Pictures of outstanding affairs are taken by the Post Signal Service for publication in the Post Newspaper.

The Reconditioning Service has a few musical instruments available for those qualified to use same as well as members of their staff qualified to organize small musical units and entertainment for Radio and Stage presentation.

The Recreation Section of the American Red Cross has a record making machine and phonograph equipment which is taken to the Wards for the enjoyment of the patients and which is also available for the ambulatory and convalescent patients in the Red Cross Recreation Hall. Musical instruments such as guitars, ukuleles, banjos, etc are available from the Recreation Section of the Red Cross. Two pianos on wheels are available for Ward Rounds with Special Entertainment. The Red Cross also has a grand piano available for the qualified patient pianist as well as rooms for private practice.

PUBLIC VOUCHERS FOR CIVILIAN MEDICAL SERVICES

by

Sgt. Robert E. Kennedy, AGC
Office of the Surgeon, M.D.W.

A survey of public vouchers for civilian medical treatment rendered military personnel within the command (in compliance with provisions of SR 40-505-11, dtd 20 July 1950 and Hq MDW Memo #59 dtd 14 Oct 49), has recently been completed in the Office of the Surgeon, Military District of Washington.

This survey indicates that one hundred fifty-two (152) public vouchers have been reviewed and approved during the first ten (10) months of 1950, and the total amount paid was $6,954.18. There are still approximately twenty (20) vouchers pending, awaiting additional information and clarification of charges, amounting to approximately $1,500.00.

Approximately one hundred (100) of the one hundred fifty-two (152) vouchers were incurred by individuals who received civilian medical treatment as the result of automobile accidents, and it is reasonably conceived that approximately $5,000.00 was paid as the result of these accidents. In addition to the above, there was an undetermined property value damage, as well as the hours and days of personal suffering, which cannot be accounted in terms of dollars and cents. The next time you are tempted to increase pressure on your accelerator, ask yourself whether or not you want to be included in the next report of this nature.

MAN'S HEALTH AND THE PUBLIC HEALTH VETERINARIAN

by

Frank A. Todd, Lt. Colonel, USA, DVM, MPH

The problems of Veterinary Public Health first appeared during the early development of civilization when man began to utilize animals for food, clothing, work and pleasure. The resulting relationship between man and animals has transplanted man from the state in which nature originally placed him to one which provides him with an ever present source of diseases.

In the United States several of the problems of animal infections or of disease-producing agents which may be directly or indirectly transmitted to man through the medium of the animal or its products have been controlled or eliminated. With the knowledge and means available members of the veterinary profession in cooperation with the Federal and State Governments, have been able to reduce bovine tuberculous from a high of 5% in 1917 to 0.5% in 1939. This disease has become relatively rare in the U.S., this country probably having the lowest incidence of any country in the world with a current reported incidence of 0.19%. In much the same way, the problem of glanders of horses has become practically non-existent in this country through the efforts of the veterinarian.

On the other hand, however, there are diseases common to animals and man for which the cause and the methods of transmission are known and the measures needed for control have been established; yet, man still neglects to utilize this knowledge and continues deliberately to tolerate and to spread certain of these infections and infestations. Man's deliberate perpetuation of these common animal-human diseases for which the cause and means of spread and control are understood is inexcusable. Some factors influencing man's attitude on this matter may be the economic interests that affect the planning and execution of such programs for the control and eradication of the diseases of this group. Biased political influences of the livestock and food industries, as well as of the transportation services, are major factors in preventing sensible and effective programs for the control and elimination of some of the animal-human diseases. Traditional prejudices and practices among the public also aid a great deal in delaying positive action on this matter.[1]

Rabies is an example of a disease common to man and animals for which effective methods of control and eradication have been proved and established. Apparently man does not choose to use them but instead deliberately tolerates the disease. Each year in the United States about 40,000 persons are bitten by rabid animals and are required to receive the Pasteur treatment. In the United States the control with a view toward final eradication of rabies should be on a national scale.

Trichinosis, a parasitic infestation of swine, which is spread and perpetuated by the feeding of raw garbage to pigs, is transmissible to man by the consumption of infected pork. However, in spite of the fact that this infection can also be controlled and materially reduced with present day knowledge, the incidence of trichinosis in the United States is said to be the highest of any country in the world.[2] Here again, man continues to spread and perpetuate this condition and exposes himself and others to further health dangers. Instead of taking adequate measures for the control of this ancient disease, the problem has been approached by first assuming that all pork is trichinous. Consequently, programs to protect the public have taken the form of recommending that all unprocessed pork meat should be cooked thoroughly prior to eating.[3]

From time to time, communicable diseases of man are found to be present in animals, domestic and wild, and perhaps are transmitted or spread by them; at least the animal may be the natural reservoir. Recently the Public Health Reports cited evidence obtained in Lea County, New Mexico, implicating cottontail rabbits for the first time in an active plague epizootic.[4] This, in addition

1 Davenport, L.R., DVM, "State Veterinary Public Health Programs and their Relation to the Federal Program."(Talk presented at conference of Public Health Veterinarians at Communicable Disease Center USPHS, Atlanta, Georgia, Aug. 12-18, 1950)

2 Steele, J.H., DVM, MPH, "Veterinary Role in Public Health" (Paper presented 68th Annual meeting of the Illinois State Veterinary Medical Assn., Peoria, Ill., Feb 1-3, 1950)

3 Davenport, L.R., DVM, "Relations of the Public Health Veterinarian" (Paper presented at Public Health Section, 87th Annual Convention of AVMA, Miami Beach, Florida, August 21-24, 1950)

4 Link, V.B., MD, MPH, "Plague Epizootic in Cottontail Rabbits", Public Health Reports, May 26, 1950, Vol. 65, No. 21, Page 696.

MAN'S HEALTH AND THE PUBLIC HEALTH VETERINARIAN (Continued)

to our knowledge of tularemia, changes the opinion formerly held that the rabbit was not too great a hazard to man.[5]

In studying the epidemiological and/or the epizootiological aspects of the diseases common to man and animal, or of those that involve animal vectors, the approach is similar to that used in the study of human diseases. This mutual public health program involving man and animals should be studied and resolved by medico-veterinary cooperation. Unfortunately until recently this approach has not been emphasized. It has been stated by a present day medical educator that one of the chief reasons for a lack of a proper relationship between the physician and the veterinarian is the fact that the doctor of medicine does not generally know as much as he should about animal diseases, and, more especially, he does not know nearly as much as he should about the transmission of diseases from animals to man.[6] Mutual cooperation and understanding between the veterinarian and physician would in all probability decrease the incidence of such diseases, reported in the weekly United States Public Health Reports such as the encephalitides, Rocky Mountain spotted fever, Q-fever, tularemia and rabies.

This situation can be corrected and improved operational procedures established with education. Education should start first with the veterinary student to acquaint him with the responsibilities and relationships of his profession to medicine in safeguarding the health and welfare of man. The public health schools should provide the type of training that will make the veterinarian most effective in the public health field of disease control. It is extremely important that the health officials be educated on this matter in order that the veterinarian will be used in the field in which he is skilled. The general public should be educated so that it will recognize the contributions that the veterinarian can make in the control of communicable diseases and the value of his services in the protection of public health.[7]

Some problems of the public-health-trained physician and the public-health-trained veterinarian in the field of disease control are so thoroughly interrelated that it is difficult to separate them. The public health veterinarian is trained in the sciences dealing with problems of animal disease control. Should he not be used in such work in preference to a person who must first learn by experience? Usually medically trained men must acquire their experiences in animal disease control while carrying out other responsibilities and work. The veterinarian, skilled in this field, stands between man and animals as one half of the public health buffer in the fight against those diseases common to man and animal. Basically, the weapons needed by the veterinarian for an effective public health program are responsibility and authority. This man must be well trained and possess the capabilities for such duties. An intelligent person, given the responsibility and authority, together with an office, desk, communication and transportation facilities, can advise, consult, and carry out the necessary "relations" with the professional agencies, practitioners and public who will put into effect and accomplish such disease-control programs as may be conducted.

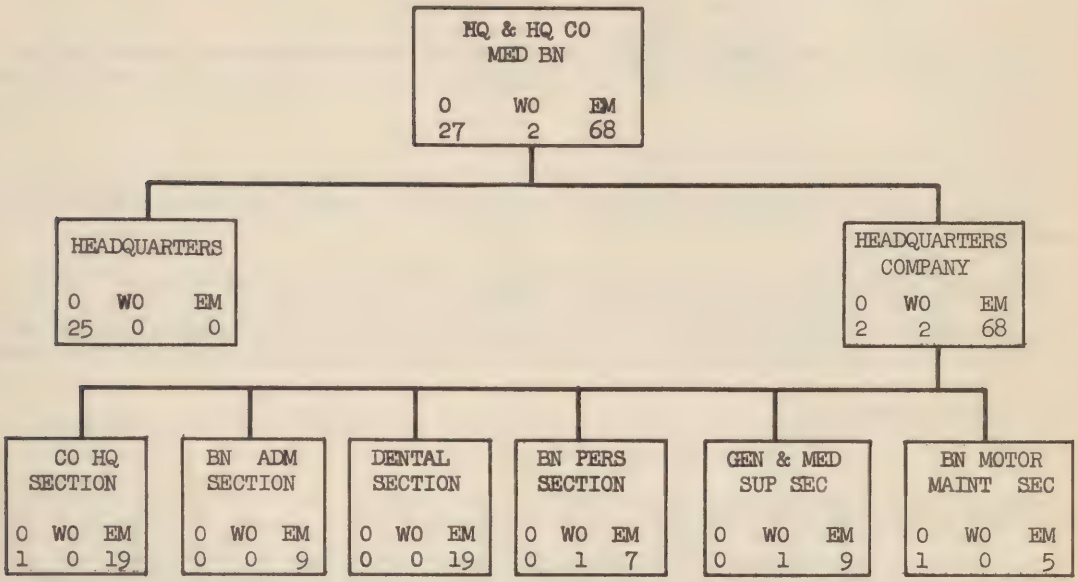
To carry out his primary objectives, the public health veterinarian should be the technical advisor and consultant to the Public Health Officer, as well as to all divisions of the Health Department, on matters relating to animal health, comparative medicine, food control, hygiene, sanitation, legislation, and health education. To be most effective the public health veterinarian should not be in the engineering section nor in the sanitation section but, instead, should participate directly as a consultant in disease control or epidemiology where he can best aid and support this type of work.

5 Link, V.B., M.D., "Plague", The Journal of the AMA, Sept. 30, 1950, Vol. 144, No. 5, Page 375-377

6 Slaughter, Donald, MD, "The Relationship of the Physician to the Veterinarian", (Paper presented at Annual Meeting of S.D. State Veterinarian Assn., Sioux Falls, S.D. Oct. 5-6, 1949) Michigan State College Veterinarian, Vol. 10, No. 3, Spring 1950, Pages 118-120.

7 Leeder, F.S., MD, DPH, "The Doctor of Veterinary Medicine and Communicable Disease Control", presented at Public Health Sections, 86th Annual Meeting, AVMA, Detroit, Michigan, July 11-14, 1949, Journal AVMA, Vol. CXVI, No. 878, May 1950, Pages 339-340.

MEDICAL BATTALION



ORGANIZATION. Headquarters consists of the battalion headquarters section with the battalion commander and his staff. Headquarters company consists of: company headquarters section, battalion administrative section, dental section, battalion personnel section, general and medical supply section, and the battalion motor maintenance section.

FUNCTIONS.

Battalion Headquarters. The function of this section is the command of the medical battalion. For this purpose, a battalion command post is established in which are located the offices of the battalion commander and his staff. The command post is ordinarily in the vicinity of the clearing station. The battalion headquarters is composed of twenty-five officer as follows:

1 Lieutenant Colonel, MC, Battalion Commander

1 Major (MSC), Executive Officer

1 Captain (MSC), Adjutant, S-1, S-2

1 Major (MSC), S-3

1 Captain (MSC), S-4

1 Chaplain, Captain or 1st Lieutenant

16 Dental Officer, Captains or 1st Lieutenants

1 Prosthodontist, Captain or 1st Lieutenant

1 Information and Education Officer (Staff and Administrative), 1st Lieutenant

1 Food Supervisor (Staff and Administrative), 1st Lieutenant

The battalion commander is directly responsible to the division commander for the administration, discipline, training, and operation of the battalion in all situations. In accordance with policies and decisions of the division commander, the medical battalion commander makes necessary decisions and his staff elaborates the details necessary to carry them into effect.

The executive officer is the principal assistant to the battalion commander. He heads the battalion staff, carries on much of the routine administration, and informs the commander of the

situation and of actions taken. He obtains necessary decisions from the commander, makes the required supplemental decisions, and directs and coordinates the work of the other battalion staff officers in the preparation of plans and orders. He keeps abreast of the situation in order to be able to advise the commander intelligently at all times. In the absence of the commander, he directs the activities of the battalion in conformity with established policies.

Adjutant, S-1, S-2. Charged with the conduct of the administration of the battalion except that pertaining to supply and the maintenance of equipment. The more important of his functions are in connection with:

Correspondence of the battalion

Maintenance of an office of record for the battalion (files of correspondence, reports, returns, records, orders, etc.).

Personnel administration, including that associated with replacements.

Preparation, authentication, and distribution of all informative and directive matter issued by the battalion commander, except that associated with training and with combat operations.

Casualty reports.

Operation of the battalion message center.

Postal service of the battalion.

All matters pertaining to intelligence and counterintelligence, the camouflage of battalion installations and equipment, and the furnishing of maps to all battalion organizations.

Plans and Training Officer, S-3. Concerned with all functions associated with the operations and training of the battalion. The most important of these are:

Keeping constantly informed of the location and operations of each subordinate element of the battalion.

Keeping informed of the state of training of each subordinate element of the battalion, and of the training policies and orders of the next higher echelon.

Collection and evacuation of all data bearing upon the operations of the battalion.

Preparation of the training orders and programs for which the battalion commander is responsible.

Preparation of the field orders issued by the battalion commander.

Planning of operations, including anticipatory planning of possible future operations. As each situation unfolds, he not only develops the plan adopted, but also commences the preparation of contingent plans against possible eventualities, filling in the details as necessary data are accumulated.

Preparation and maintenance of situation and operation maps.

Preparation of reports pertaining to operations and to training.

Supervision, under the commander, of the training of the battalion.

Battalion Supply Officer, S-4.

This officer is the medical supply officer for the infantry division.

Prepares all requisitions for medical and general supplies required by all elements of

the medical battalion.

Issues supplies to all elements of the battalion

Maintains a jacket file of property, the one kept in the battalion.

Keeps the battalion commander informed of the supply situation and projects supply planning into the future.

Collects and disposes of the salvage.

Supervises the disbursement of appropriated funds allotted to the battalion, except those for pay of troops. He may be designated an agent of a disbursing officer to pay the troops of the battalion.

Chaplain. A chaplain is assigned to the medical battalion for the purpose of administering to the spiritual needs of the personnel of the medical battalion and of casualties evacuated from the division. His duties will ordinarily require his presence at the clearing station as this is the funnel through which all casualties pass. He is assisted in his duties by an enlisted chaplain's assistant.

Dental Officers, including one prosthodontist. They perform the dental service for the entire division.

There is an information and education officer assigned to battalion headquarters who is in charge of the educational, recreational, morale, welfare, and public relations activities for the battalion.

There is a food service supervisor assigned to battalion headquarters. His duties are to supervise the operation of the mess.

Headquarters Company. The headquarters company consists of the personnel to operate and carry out the functions of all departments and units of the entire medical battalion. It contains two officers, both Medical Service Corps, one a captain who commands the company, and a first lieutenant who is the battalion motor maintenance officer. The company consists of six sections:

Company Headquarters Section. This section consists of the administrative personnel for the operation of the company.

The administration of the headquarters company must not be confused with the administrative functions of its component sections in connection with battalion administration, medical supply of the division, and general supply of the battalion. The headquarters company has all the administrative functions of any company. It clothes, equips, disciplines, and accounts for its personnel. It draws its supplies from the battalion supply officer in the same manner as the other companies of the battalion.

This section has four cooks, a mess steward, and an enlisted food service supervisor who operate a mess for headquarters and headquarters company.

Battalion Administrative Section. This section consists of the enlisted personnel for the operation of the battalion headquarters and includes the sergeant major, the operations sergeant, and clerical personnel. The message center is operated by this section.

Dental Section. This section consists of one sergeant and eighteen dental technicians to assist the dental officers of battalion headquarters. These officers and technicians perform the dental service of the entire division. They are equipped with six trailers, 1/4-ton; one trailer, 1 ton; six trucks, 1/4-ton; one truck, 2-1/2-ton cargo; and one truck, 2-1/2-ton dental laboratory. Dental teams are used at the collecting stations and clearing stations or wherever this division dental surgeon may send them. Dental teams are sent with regimental combat teams in accordance with plans of the division dental surgeon as approved by the division surgeon.

Battalion Personnel Section. This section operates under the supervision of the S-1 of

the medical battalion and consists of one warrant officer, a personnel sergeant, and clerks for the execution of all matters pertaining to service records, correspondence, payrolls, and other records and reports pertaining to personnel of the medical battalion.

General and Medical Supply Section.

This section is charged with the procurement and distribution of all supplies for the medical battalion and medical supplies for the entire division. It handles all food, clothing, fuel, equipment, and other supplies including medical, for the battalion. It also distributes such items as first-aid packets and foot powder to all units of the infantry division. This section is functionally divided into two groups.

General Supply Group. This group performs all the operations associated with the supply of the battalion such as the preparation of consolidated requisitions, the receipt of all supplies consigned to the battalion, their distribution among the elements of the battalion, and the maintenance of a jacket file for the battalion. This section is not concerned with the supply of the headquarters company other than to obtain supplies for it and to deliver them in bulk just as in the case of any other subordinate element of the battalion. Companies of the battalion, including the headquarters company, submit their supply requirements to the battalion supply officer (S-4). These requisitions are consolidated by this group according to issuing arms and services, and such consolidated requisitions are forwarded through channels to the proper supply agency. Trucks are sent to the depot or railhead to pick up supplies and bring them to the battalion supply point. Supplies are then distributed among the companies of the battalion in proportion of their original requests, or in any other proportion directed by the battalion commander. Supplies that are issued automatically are received by this group and distributed among the companies in proportion to their strength. All classes of supplies are received in bulk lots which must be broken down at the battalion supply point into company lots. Company transport may be sent to the supply point for the supplies, or the supplies may be delivered to company bivouacs by headquarters company transport.

Medical Supply Group. This group consolidates the requisitions for medical supplies submitted by all units of the division, procures such medical supplies from the proper medical depot, usually that of the army, and distributes these medical supplies to unit supply officers.

In other than combat situations, medical supplies requisitioned through channels by unit supply officers (of all units of artillery, infantry, engineers, etc., and of the medical battalion itself), as approved by the division surgeon with authority of his commander, are sent to the division medical supply officer. This officer consolidates the requisitions and forwards the total requirements (either by requisition or as a draft against a credit) through the army surgeon to the army depot. Upon receipt of medical supplies, they are distributed to unit supply officers who "call" for them. In the case of medical supplies for the medical battalion, the medical battalion supply officer (S-4) (working through the general supply group) requisitions such as are required. This requisition is forwarded through channels to the division surgeon who, by the authority of his commander, approves or modifies it. It then goes to the division medical supply officer, the same officer who signed the requisition, but who now acts in his capacity as the division medical supply officer working through the medical supply group of the supply section in honoring the requisition. The medical supply group transfers the medical supplies to the general supply group which in turn distributes them among the companies of the battalion. It will be seen that the two supply groups of the supply section of the headquarters company are in different echelons of supply, and this is the reason why their functions must not be confused either in concept or in practice.

In combat, every consideration is given in keeping medical units supplied and formal procedures are dispensed with. The division medical supply group establishes and operates a medical supply point (SP), usually in the vicinity of the clearing station, stocking it initially from the rolling reserve it carries, and replenishing its stock from the medical depot of a higher echelon.

Battalion Motor Maintenance Section. The functions of this section are to provide a portion of the organizational motor maintenance for all vehicles of the medical battalion, to conduct periodic inspections of the vehicles, and keep appropriate records of these inspections. Personnel of this section also act as technical advisors to drivers and mechanics of the individual companies of the medical battalion in their performance of the unit's portion of organizational motor maintenance. Repairs beyond those prescribed as organizational motor maintenance may be performed

by this section when time, tools, equipment, and abilities of the mechanics permit. Ordinarily, however, vehicles requiring field motor maintenance are referred by S-4 to the division ordnance company providing such facilities. The motor transport officer is responsible to the battalion commander and supervises the operation of the organizational motor maintenance. Enlisted personnel of the section consists of a motor sergeant and four automobile mechanics.

EQUIPMENT. The battalion headquarters administration section is equipped with tents for the establishment of a command post, office equipment for the performance of command and staff procedures and operation of the message center. Field desks and typewriters are included. Office equipment is also provided for the company headquarters section of headquarters company. A record chest and field desks are issued to the personnel section. The general and medical supply section is equipped with squad tents, a rolling reserve of medical supplies including dressings, splints, litters, blankets, and plasma, for distribution to companies of the battalion; medical textbooks for reference on such subjects as anesthesia, abdominal and genitourinary injuries, dermatology, surgical anatomy, burns, shock, and wounds, othopedic surgery, and chemical warfare casualties; a commissary roll which contains butcher knives, cleavers, bone saws, etc., used in preparation of meats before distribution to companies, a field safe and a typewriter. The motor maintenance section is equipped with toolsets, organizational motor maintenance equipment sets, welders equipment, and spare parts.

TRANSPORTATION. Headquarters and headquarters company has light and heavy trucks for liaison work and hauling supplies and equipment. One heavy truck has a winch for use in extracting disabled vehicles.

TRAINING.

General. Based upon the training orders of the battalion commander, training programs are prepared by the company commander who assigns the instructors and supervises the instruction. Because of the diversity of functions of this unit, the conduct of training must be largely decentralized to section commanders. The company commander, however, may not delegate any of his responsibility for the training of any section. Because of the many functional demands upon the headquarters company from the moment the battalion is organized, unit training must be planned carefully if it is to be conducted efficiently without neglecting routine duties.

Individual. There is the danger in a unit of this kind that the Medical Service training of the soldier may be neglected. This must not be permitted for two reasons: first, emergencies may arise when all other functions must be suspended temporarily and all personnel used in care of sick or injured; and second, every soldier wearing Medical Service insignia is rightfully expected by others to be able to render emergency treatment. Every Medical Service soldier should be qualified basically in his service just as an effort is made to qualify every infantry soldier, regardless of his special duties in the use of the weapons of his arm. Specialists to be trained are clerks, cooks, automobile mechanics, supply clerks, mess sergeant, motor sergeant, and a supply sergeant.

Unit. Since the headquarters company must start functioning as soon as the battalion is mobilized, much of the training will be acquired in the actual performance of duty. However, the conditions will undoubtedly differ from those in the field and particularly in combat. This applies especially to the medical supply group and to a lesser extent to the general supply group, and training of groups to operate under field and combat conditions should be commenced early. Examples of such training are:

Establishment and operation of the battalion supply point under all conditions of combat, rapid division of battalion lots of supplies into company lots on the basis of strength, proper handling of all items of supply, and selection of routes for the distribution of supplies.

Establishment and operation of a medical supply point, unloading the rolling reserve and arranging the supplies for convenient distribution, familiarity with all items of the rolling reserve and where they are loaded.

Maintenance of motor transport under combat conditions, emergency repairs and adjustments at night without lights, moving of disabled vehicles, and rapid servicing.

ARMY TESTED ANTIBIOTIC HELD PROMISING AS RAT REPELLENT

The days of lush living for the rats of the United States, and eventually those of the world at large, are numbered, according to the report of experiments conducted at the Army Medical Service Research and Graduate School and published in the current issue of the Journal of the American Pharmaceutical Association.

The substance which may revolutionize the life of the rat is an antibiotic called actidione, reported on by Major Robert Traub and Miss Doris Newman of the Army medical school, and Dr. James B. DeWitt and Jack F. Welch of the Interior Department's Fish and Wildlife Service. First identified by the Upjohn Research Laboratory early in 1947, it was subjected to tests at the Army Medical Center to determine its efficacy, if any, in parasitic infections. During the course of these experiments, the Army researchers noticed that laboratory mice and rats would rather die of thirst than drink water which contained even minute quantities of actidione. This lead to a separate line of investigation which resulted in the finds now reported, to the effect that rats will not gnaw through thin cardboard treated with tiny amounts of actidione.

Unfortunately, actidione, a by-product in the preparation of streptomycin, is still expensive to produce. It is expected, however, that growing demand may lead to the development of mass production methods and lower cost, as was the case with penicillin and other drugs whose original cost was prohibitive.

Actidione is too toxic and too irritating to be actually mixed with food or liquid intended for human or animal consumption. Its use as a protective coating or impregnation in inexpensive forms of packaging, however, may result in an enormous reduction in the world's current rat bill, as well as in incalculable benefit in overcoming present periods of hunger and even famine in large areas.

Actidione shows promise in other directions, too. It may be used to protect fruit trees and electric wiring from gnawing field mice. Browzing deer will not chew the bark from trees treated with an actidione solution. The antibiotic may also be useful as a fungicide in controlling plant diseases.

(Department of the Army, Office of the Surgeon General, Technical Information Office, Washington 25, D. C., dated 10 October 1950)

* * * * * * * *

RODENT CONTROL

Until actidione is in wide use the rodent problem will still face installation commanders. To aid medical inspectors in their rodent control work the following inspection form for rodent control is reproduced below. This form is not intended to be all inclusive but can be used as a starting point for local installation implementation.

INSPECTION FORM FOR RODENT CONTROL

Date of Inspection _____

1. Building #_____. Location _____

2. Type of building _____

3. New Infestation _____. Old Infestation _____

4. Location of Infestation:
   a. Floor: 1 2 3_____; basement_____; attic _____; furnace room____; other__.
   b. Outside building_____; coal box_____: garbage rack_____; dump_____; other_____.

5. Evidence: gnawing_____; feces_____; runways_____; tracks_____; holes in wood _____; holes in ground_____; rodents seen____; nest & locality_____.
6. Entrance via: partitions_____; burrows_____; stairs_____; doors_____;windows _____; foundation____; pipes____; studs____; other _____.
7. Deficiencies resulting in harborages and entrance: stored goods____; trash_____; shallow foundation_____; pipes____; double walls_____; double floors _____; open sills_____; other _____
8. Damage to: food_____; building_____; equipment_____; details_____.

9. Rats_____; Species _____ ; Mice _____; Species _____.

10. Proposed control:
    a. Rodent proofing _____: type, in detail _____

    b. Traps_____ : kind_____; number_____; bait____; details _____
    c. Poison bait _____: kind _____; number _____
    d. Poison gas _____: dust_____; fumigation _____.
    e. Bait boxes: number _____.

11. Is a careful, well-planned and supervised program to eliminate rodents in operation at the installation? (AR 40-205, par 28)_____.

12. Is ratproofing included in the plans for all new construction and alteration of buildings? (AR 40-205, par 28) _____.

13. Is refuse handled and disposed of in a manner that will prevent the harborage and breeding of rodents? (AR 40-205, par 28)_____.

14. Is only the amount of sodium monofluoracetate required for immediate operations requisitioned by the installation? (Cir 13, Sec IX, 1950) _____.

15. Has the surgeon investigated the prevalence, distribution, and significant habits of insects, rodents and other pest affecting health?(SR 420-310-1)_____.

16. Has the surgeon recommended control measures?_____provided necessary technical guidance?_____ and determine and report to the installation commanders the adequacy of control or corrective measures? (SR 420-310-1, par 1)_____.

17. Have personnel handling poisonous material received training by technically qualified personnel before participating in rodent control work? (SR 420-310-1, par3)___.

18. Remarks:

19. Approved by _____; date _____
    a. Changes in above recommendation: _____
    _____
    b. Date program commenced: _____
    c. Date program terminated:_____
    d. Results:

REFERENCES: AR 40-205, par 28; DA Cir 13, Sec IX, 1950; AR 70-140; SR 420-45-7; SR 420-310-1, par 2b; TM 5-632

* * * * * * * *

Of all the good gifts which ever come out of the wallet of the Fairy Godmother, the gift of natural gladness is the greatest and best. It is to the soul what health is to the body, what sanity is to the mind, the test of normality. -- Bliss Carman.

It is better to do something, than to sit doing nothing, while planning to do everything.
Winston Churchill

ARMY FIELD SURGEON, SPECIALIST

By
Robert P. Williams, Brigadier General, MC, U.S.A.
Chief of Medical Section, Office of the Chief of Army Field Forces

Many elements enter into the duties and responsibilities of the army field surgeon. First he must be qualified in two different professions: the medical and the military. To practice medicine in the field or in combat, he must not only be proficient in medicine and surgery but also he must be able to obtain results with the limited facilities available and under such adverse local conditions as excessive heat or cold, mud or dust. Although major surgery is not ordinarily attempted in the forward field installations, it sometimes becomes necessary and it is for such circumstances that the army field surgeon must be prepared. In addition to having a wide knowledge of the more common medical specialties, he must be trained in tropical medicine and in the recognition and treatment of conditions peculiar to his environment. As a staff officer he will advise his commanding officer on medical and sanitary matters. This will require a broad understanding of preventive medicine applied on the basis of familiarity with the organization, duties, and mission of the military unit. Finally, the army field surgeon in many instances is commanding officer, responsible for the training, discipline, and morale of his medical unit. Although his command may be small, it calls for a high degree of leadership. Having trained his men in a variety of technical skills, he will find that many of them, such as company aid men, litter bearers, and ambulance drivers, will be employed away from his immediate control. Often they will be busy while other members of the unit are resting. Their skill and morale must be such as to inspire confidence because the patients they handle when they are on their own must have respect for their judgment and believe that they are in proper medical hands.

(The above article is from U.S. Armed Forces Medical Journal, Vol 1, No. 9, September 1950).

* * * * * * * *

PHYSICAL EXAMINATIONS

It frequently happens that an individual will claim marked diminution of vision in one eye in order to obtain compensation, damages in a law suit, or evade military service. There are quite a number of tests designed to test the accuracy of such a statement, but most of them take time - especially the various prism tests. However, when hundreds of men are being examined, as for induction into the Armed Forces, too much time cannot be taken with one individual. The following is a simple and rapid test to determine whether the individual being examined really has an amblyopia or is malingering.

Make a record of the vision claimed. Then, in a trial frame, place a red filter before the good eye and a plano lens before the eye claimed to have the poor vision. Project test letters on a screen and then throw the duochrome colors, green and red, over the letters so that half the screen is red and the other half is green. Ask that the letters be read. If he reads all the letters, the individual is malingering; the red screen before the good eye makes the green half invisible. He therefore is seeing all the letters with the eye that he claims to have poor or no vision.

The advantages of this test are:

a. With the trial frame and the red and plano lens in place, and before the duochrome is flashed, the person tested may squint or close one eye at a time, but he will see no difference with each eye that he does binocularly. Only when the duochrome chart is flashed must he be watched for squinting with one eye, and be asked to read the letters quickly.

b. The rapidity with which the test is done - only a minute's time is required.

Note: The above article was written by Dr. Morris I. Keller, one of the examining physicians on duty with the U. S. Army and U. S. Air Force Recruiting Main Station, First Army, 39 Whitehall Street, N. Y. Reproduced in Med. Bul. No X, Vol V, Hq First Army, October 1950.

* * * * * * * *

Korea has proven that only one organization can hold and gain ground in war; a ground army supported by tactical aviation and with supply lines guarded by a Navy. -- General Collins, C/S, DA.

GENERAL COMMENT

The health of the command continued to be excellent.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and Class II installations exclusive of Walter Reed Army Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit on a casual basis, since reciprocal use of other service's medical installations is made. Air Force statistics are tabulated separately for units having Air Force personnel assigned. (See General Data and Admissions Tables on page 14.

The non-effective rate* increased from the September rate of 11.64 to 13.91 for the month of October. Days lost as a result of disease and injury totaled 8,196 during the four week period ending 27 October 1950.

*Non-Effective Rate -- $\frac{\text{Total Days lost x 1,000}}{\text{No. of days Average Daily in Period x Strength}}$

Non-effective rates indicate the average number of patients in hospital or quarters per thousand mean strength during the report period.

The total admission rate** for disease and injury in October was 445.9, compared to 369.5 during September. Total admission or disease and injury in October was 720. Of this number, 664 admissions were for disease and 56 for injuries. Fort Myer reported the highest admission rate, and Fort McNair, reported the lowest rate during the current month.

**Admission Rates -- $\frac{\text{1,000 x 365 x Number of Cases}}{\text{Mean Strength x No. of Days in Period}}$

Admission rates show the number of cases per thousand strength that would occur during a year if cases occurred throughout the year at the same rate as in the report period.

October's rate for disease cases is 411.3 for 664 cases. Fort Myer reported the highest admission rate, and Fort McNair, reported the lowest rate for disease cases.

An injury admission rate of 34.6 per 1,000 per annum for October was reported. This was a decrease from the September rate of 37.3. Fort Myer reported the highest rate and Fort McNair, reported the lowest rate for injuries.

There were no deaths reported during the four week period ending 27 October 1950, by units within the Military District of Washington less Walter Reed Army Hospital.

COMMUNICABLE DISEASE

Common respiratory diseases increased in incidence during the month of October, 1950. The rate for the present month is 119.5 compared to the September rate of 90.3. Fort Myer reported the highest rate, and Fort McNair, reported the lowest rate. Admission rates for pneumonia (all types) increased during the October report period. The rate being 4.9 compared with the September rate of 1.2. There were no cases of scarlet fever reported throughout the month of October.

No appreciable change was noted in the rate for mumps, tuberculosis, rheumatic fever, diarrheal disease, and hepatitis during the four week period ending 27 October 1950.

Pertinent statistical tables may be found on pages 15 and 19.

GENERAL DATA

4-week Period Ending 27 October 1950
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			DIRECT ADMISSIONS						Non-Effective Rate	Number of Deaths
				All Causes		Disease		Injuries			
	Total	White	Negro	Cases	Rates	Cases	Rates	Cases	Rates		
Fort Belvoir, Va.	11363	10077	1286	360	413.8	328	376.3	32	36.7	13.33	0
Fort McNair, Wash DC	818	751	67	12	191.2	12	191.2	0	-	6.24	0
Fort Myer, Va.	1806	1628	178	167	1205.3	157	1133.1	10	72.2	18.07	0
So Post, Fort Myer, Va.	1704	1701	3	90	688.5	82	627.3	8	61.2	15.20	0
US Army Disp. The Pentagon	3525	3505	20	61	225.6	58	214.5	3	11.1	19.73	0
All Others	1830	1830	0	30	213.7	27	192.3	3	21.4	4.33	0
Total Mil Dist of Wash	21046	19492	1554	720	445.9	664	411.3	56	34.6	13.91	0
AMC - Med Det (Duty Pers)*	1368	1261	107	69	657.5	65	619.3	4	38.1	5.50	0
AMC - Med Hold Det*	1429	1309	120	0	-	0	-	0	-	-	0

*Army and Air Force Personnel Included

VITAL STATISTICS

Attention is invited to paragraph 44, AR 40-1080 which requires that unit surgeons "will report promptly, through the commanding officer, to the proper civil health authority all births, deaths, and cases of communicable diseases occurring in his command."

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR

4-week Period Ending 27 October 2950
(Date from WD AGO Form 8-122)

STATION	Common Respiratory Diseases	Bronchitis All Types	Pneumonia Except Bronchial	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diarrheal Disease	Hepatitis	Malaria	Venereal Diseases
Fort Belvoir	27.0	3.2	2.7	-	3.4	4.6	-	1.1	2.2	-	-	-	11.3
Fort McNair	73.7	-	-	-	-	-	-	-	-	-	-	-	-
Fort Myer	41.4	-	-	57.7	-	-	-	-	-	-	7.2	-	-
So Post, Fort Myer	60.1	-	-	-	-	-	-	-	-	-	7.6	-	-
US Army Dispensary The Pentagon	31.3	-	-	40.7	-	-	-	-	-	7.4	-	-	-
All Others	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash	118.3	4.9	3.1	11.8	1.8	2.5	-	.7	1.2	1.2	1.2	-	7.2
AMC - Med Det (Duty Pers)*	-	9.0	-	-	-	9.2	-	-	-	-	9.2	-	-

*Army and Air Force Personnel Included

VENEREAL DISEASE

Venereal Disease rate among units within the Military District of Washington decreased during the October report period.

The rate for October 1950 was 10.53, a decrease from the September rate of 19.94. A total of 17 cases were reported for the four week period ending 27 October 1950. Of this total 14 were reported by Fort Belvoir, 1 for Fort Myer and 1 for All Others.

During the report period, white personnel incurred 12 of the reported number of cases, with a rate of 8.06 and 5 were incurred by negro personnel, with a resulting rate of 41.94 per 1000 troops per annum.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, we have undertaken to report the number of cases per 1000 men for this report period (October) in addition to the rate per 1000 per annum which is not always clearly understood and is often misinterpreted.

Pertinent statistical tables and charts may be found on pages 17, 18, 19 and 20.

NEW VENEREAL DISEASE CASES - EXCL EPTS - AUGUST, SEPTEMBER AND OCTOBER 1950

STATION	Rate per 1000 per year AUGUST 50	Rate per 1000 per year SEPTEMBER 50	Rate per 1000 per year OCTOBER	Cases per 1000 Troops OCTOBER 50
Fort Belvoir	14.55	39.36	16.06	1.232
Fort NcNair	-	-	-	-
Fort Myer	9.74	7.50	-	-
South Post, Ft. Myer	-	-	7.65	.586
US Army Dispensary, Pentagon	-	2.90	-	-
All Others	-	-	14.24	1.092
Total Mil Dist Wash Units	7.51	19.94	10.53	.807
Army Medical Center - Med. Det	9.02	-	9.53	.730
Total Dept/Army Units Mil Dist of Washington	7.77	17.32	8.37	.803

* * * * * * * *

FORT LESLEY J. McNAIR

Did you know that Fort Lesley J. McNair was first known as Fort on Turkey Buzzard, then the United States Arsenal at Greenleaf's Point, then about 1857 the Washington Arsenal, and in February 1881 it became United States Barracks, Washington, D. C. Later the same year it preferred Washington Barracks. After World War I it was designated Army War College, in 1935 to honor Major General Andrew A. Humphreys, it became Fort Humphreys, and then in 1939 it went back to the Army War College. In January 1948 its present name Fort Lesley J. McNair was received honoring Lt. General Lesley J. McNair, Commanding General, Army Ground Forces, who was killed in Normandy while observing in action the troops whose training he had directed. (From recent booklet same title 1950)

CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY

MDW RATE PER 1000 TROOPS PER YEAR

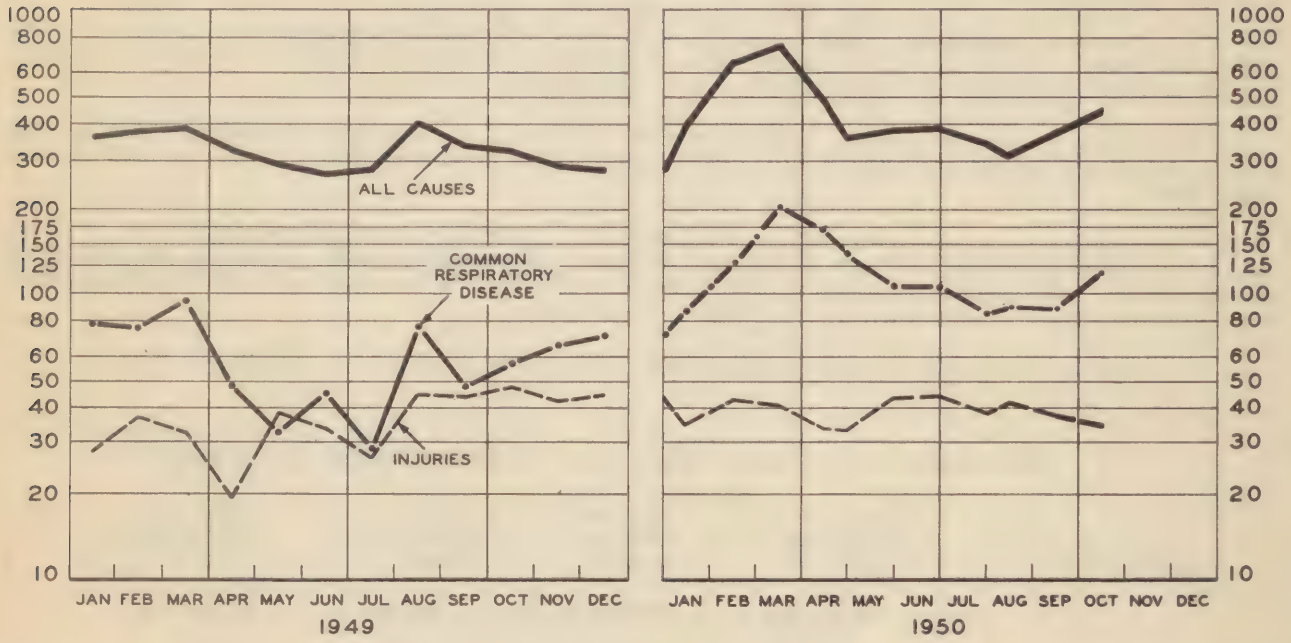
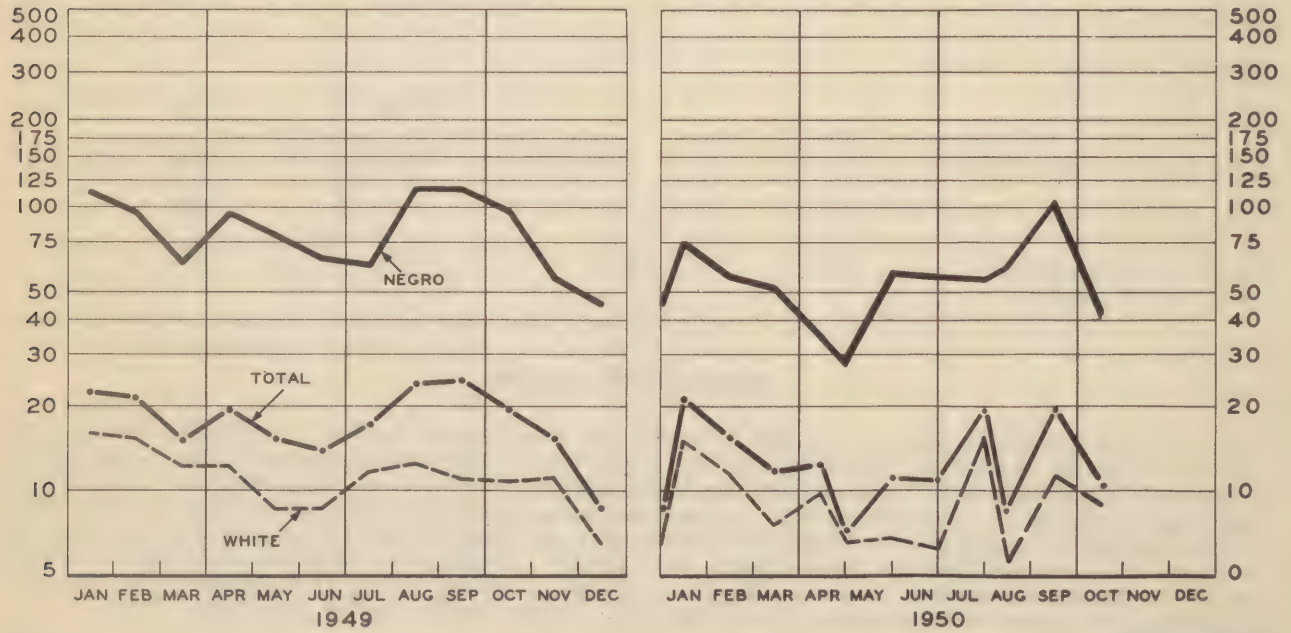


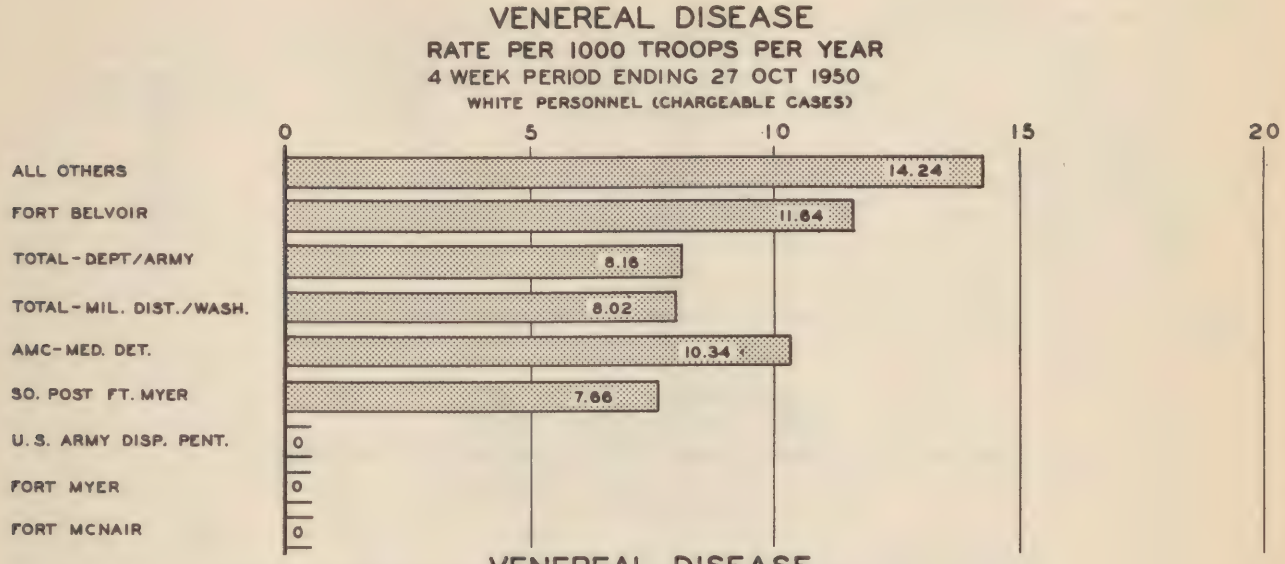
CHART 2

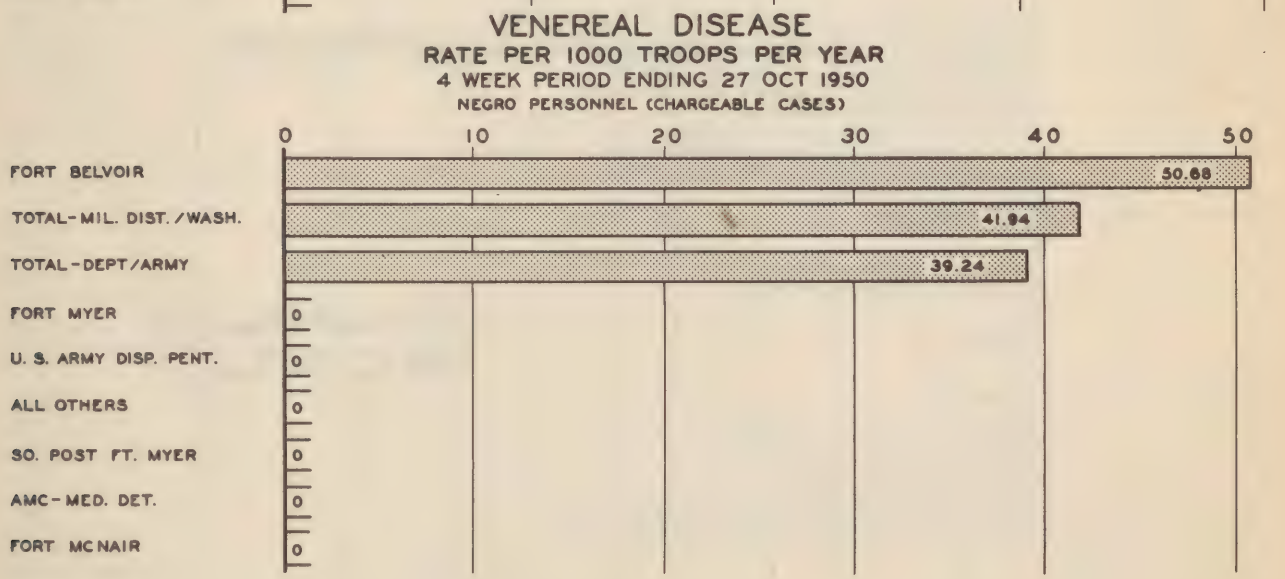
ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER

RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS







* * * * * * *

FOOD POISONING

Mayonnaise and Salad Dressing Ruled Out

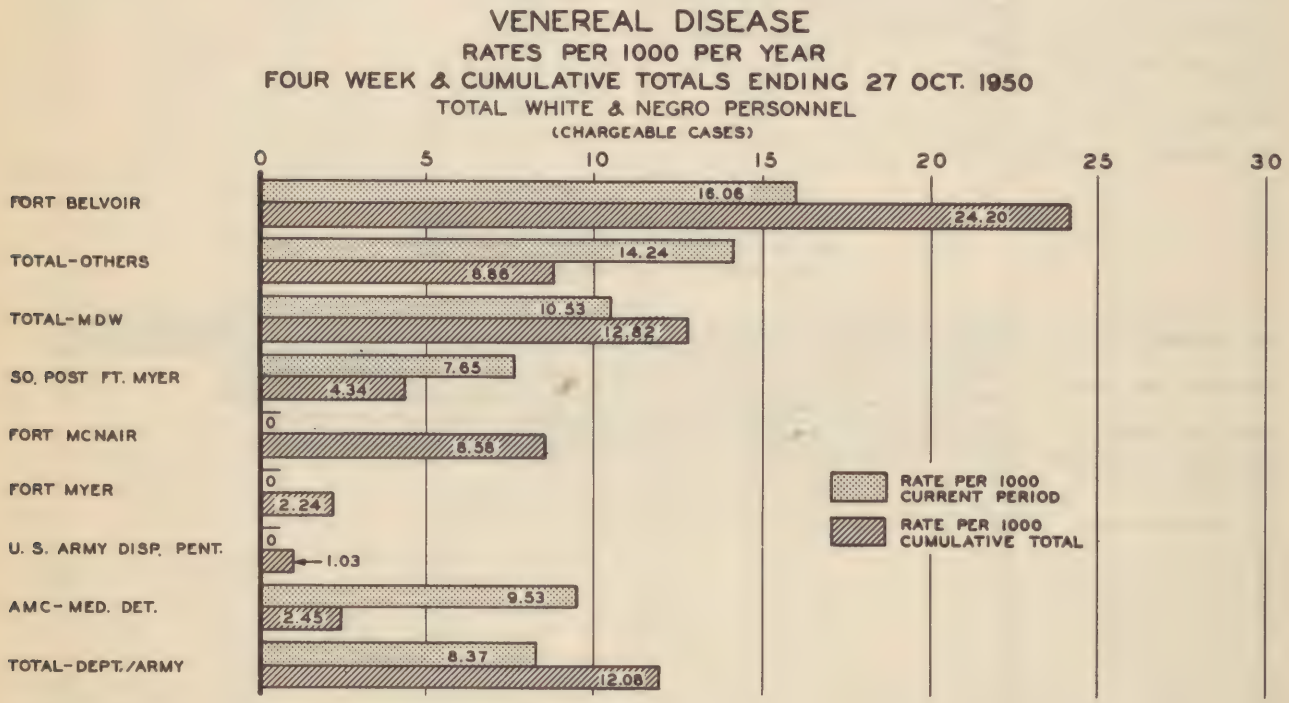
An article in the March 1950 issue of "Food Research" titled "Viability of Food Poisoning Staphylococci and Salmonellae in Salad Dressing and Mayonnaise" by M. C. Wethington and F. W. Fabian pages 125 to 134 has ruled out mayonnaise and salad dressing as sources of Staphylococci or Salmonellae food poisoning. The acetic acid (vinegar) reduced the viability of bacteria in these two products.

VENEREAL DISEASE RATES FOR US*

(All Army Troops)

	AUGUST 1950	SEPTEMBER 1950	OCTOBER 1950
First Army Area	16	21	14
Second Army Area	18	25	25
Mil District of Washington	8	17	10
Third Army Area	20	24	23
Fourth Army Area	24	18	17
Fifth Army Area	18	11	14
Sixth Army Area	26	34	18
TOTAL United States	20	22	19

*Compiled in the Office of the Surgeon General and Includes US Army Hospitals



NONPATIENT PERSONNEL IN ARMY HOSPITAL MESSES

Rates. -- The following rates are established for meals served to nonpatients in Army hospital messes in accordance with paragraph 2f (3), AR 40-590:

Breakfast	$0.40
Main meal	.60
Remaining meal	.50

The above rates are not applicable to meals paid for by civilian employees by payroll deduction, but do apply to meals taken in excess of those covered by such payroll deduction.

(The above article is from D/A Circular 52, 15 September 1950, Section VI)

CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT

For the Four Week Period Ending 27 October 1950
(Data from WD AGO 8-122) (Chargeable Cases)

STATION	RACE	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	10077	2	7	0	9	11.64	16
	N	1286	2	3	0	5	50.68	9
	T	11363	4	10	0	14	16.06	25
Fort McNair	W	751	0	0	0	0	-	0
	N	67	0	0	0	0	-	0
	T	817	0	0	0	0	-	0
Fort Myer	W	1628	0	0	0	0	-	0
	N	178	0	0	0	0	-	0
	T	1806	0	0	0	0	-	0
South Post, Fort Myer	W	1701	0	1	0	1	7.66	0
	N	3	0	0	0	0	-	0
	T	1704	0	1	0	1	7.65	0
US Army, Dispensary, The Pentagon	W	3505	0	0	0	0	-	0
	N	20	0	0	0	0	-	0
	T	3525	0	0	0	0	-	0
All Others	W	1830	1	1	0	2	14.24	0
	N	0	0	0	0	0	-	0
	T	1830	1	1	0	2	14.24	0
Total Mil Dist of Wash	W	19492	3	9	0	12	8.06	16
	N	1554	2	3	0	5	41.94	9
	T	21046	5	12	0	17	10.53	25
Army Medical Center-	W	2570	0	1	0	1	20.29	0
	N	227	0	0	0	0	-	0
	T	2797	0	1	0	1	18.64	0
Total Dept/Army Units	W	22062	3	10	0	13	30.73	16
	N	1781	2	3	0	5	146.39	9
	T	23843	5	13	0	18	39.36	25

DENTAL SERVICE

DENTAL SERVICE - FOUR WEEK PERIOD ENDING 27 OCTOBER 1950

STATION	Military		Civilian		Sittings	Amalgam	Oxy and Amal	Silicate	Inlays	Bridges	Bridge Repair	Crowns	Dentures				Calculus Removed	X-Rays	Examinations
	Men	Duty Days	Men	Duty Days									Full	Partial	Repair	Extractions			
Fort Belvoir	10	310	1	22	2374	533	690	240	4	8	11	3	6	19	19	682	202	942	1350
Fort McNair	2	31	0	0	368	197	156	26	1	1	0	1	1	11	1	57	18	84	101
Fort Myer, Va	2	58	0	0	773	259	34	47	0	1	1	2	6	12	4	92	12	260	168
South Post Ft Myer	1	31	1	22	360	221	94	41	0	0	3	0	4	4	4	23	16	97	62
US Army, Disp.	6	186	0	0	2741	509	96	138	3	5	14	1	14	14	17	123	244	535	575
All Others	2	62	0	0	374	222	69	60	0	2	1	0	2	9	7	78	23	94	262
Total - MDW	23	678	2	44	6990	1941	1139	552	8	17	30	7	33	69	52	1055	515	2012	2518

VETERINARY SERVICE

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED OCTOBER 1950

(Data obtained from WD AGO Form 8-134)

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Leslie J. McNair		70,815	119,785		182,133		59,004	431,737
Fort Belvoir, Virginia		316,014	389,515		840,040	107,489	320,910	1,973,968
Alexandria Field Buying Off.		593,029	103,195	650,221			99,009	1,445,454
Fort Myer, Virginia		159,429	160,301		366,177	5,661	81,852	773,420
Cameron Station, Alex. Va.		168,810	177,622		322,767	6,372	104,684	780,255
Mil Dist/Washington Vet Det	506,866							506,866
The Pentagon						297,445		297,445
TOTAL	506,866	1,308,097	950,418	650,221	1,711,117	416,967	665,459	6,209,145
REJECTIONS:								
Insanitary or Unsound								
Alex. Field Buying Office		7,972						7,792
Mil Dist/Wash Vet Det.	800							800
Not type, class or grade								
Alex. Field Buying Office		8,107						8,107
Mil Dist/Wash Vet Det.	16,010							16,010
TOTALS	16,810	16,079						32,889

*Class 3 - Prior to Purchase
*Class 4 - On delivery at Purchase
*Class 5 - Any Receipt except Purchase
*Class 6 - Prior to Shipment
*Class 7 - At Issue
*Class 8 - Purchase by Post Exchange, Clubs, Messes or Post Restaurants
*Class 9 - Storage

OUTPATIENT SERVICE

OUTPATIENT SERVICE

Consolidated statistical data on outpatient service, Military District of Washington, less Walter Reed Army Hospital, are indicated below for the four-week period ending 27 October 1950.

ARMY:
Number of Outpatients 5121
Number of Treatments 20996

NON-ARMY:
Number of Outpatients 6772
Number of Treatments 20544

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED 1603

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED 7924

HOSPITAL MESS ADMINISTRATION

HOSPITAL MESS ADMINISTRATION

STATION	JULY 1950	AUGUST 1950	SEPTEMBER 1950	OCTOBER 1950
FORT BELVOIR				
Income per Ration	$1.03	$1.1074	$1.1591	$1.1625
Expense per Ration	1.09	1.0177	.9019	.9538
Gains or Loss	-.06	+.0897	+.2572	+.2087

DEPARTMENT OF DEFENSE

CIVILIAN EMPLOYEES HEALTH SERVICE PROGRAM

METROPOLITAN AREA OF WASHINGTON

PREVENT DERMATITIS - USE PROTECTIVE CREAMS

by
L. W. Reese
Safety Director, Army Man Service

Injuries which result in total disability for work are striking examples of unsafe acts or hazardous equipment and work areas. It is indicated that dermatitis is just as costly a problem at Army Map Service. If every employee could be examined in one day for evidence of possible industrial skin disorders, the results would probably be startling. Too much contact with chemicals to which persons are allergic can be serious. An example of how serious this contact can be are the medical cases on record where persons have suffered complete amputation of the hands after prolonged contact with phenol (carbolic acid).

Some cases reporting to the Dispensary have progressed to a painful stage before being brought to the attention of medical personnel. Prolonged treatment is often required and is very expensive in time and medication, not considering the discomfort to the patient. Once the skin becomes raw, blistered, cracked or fissured, sufficient chemicals from solvents and solutions may enter the blood stream and cause serious damage to internal organs. Most skin disorders are of course not related to industrial operations, but persons suffering such disorders should not work with various substances which might result in more serious complications. Skin disorders should be reported as soon as they are noticed.

The manufacturers' labels on most toxic or caustic chemical compounds contain warnings and recommended protective measures. Workers in certain skilled operations object to wearing impervious gloves because they may interfere with a required delicate sense of touch. Properly chosen creams may serve the purpose of protecting the face and hands from industrial dermatitis where the substances encountered are mild irritants or in dilute solutions. Two protective creams preparations are stocked at Army Map Service. Supervisors requisition these creams and instruct employees in use of same where need is indicated. The determination of need can not be predicated on the fact that the supervisor never had trouble while working with the substance, since there is a great difference between the susceptibility of individuals. Need for protection should be based on manufacturers' recommendations and medical evidence.

The creams can be removed quickly and easily with mild soap and water. The fact that the worker invariably washes off the cream or film before eating lunch and before going home promotes personal cleanliness and prevents irritants remaining on the skin for long periods of time. This extra cleanliness will prevent much dermatitis even though the cream used may not be an effective barrier against the substances encountered.

The skin should be clean before applying a protective cream. Apply the cream before work begins, wash off before lunch, reapply before returning to work and wash off again before going home. If the skin becomes badly soiled in between times it can be quickly washed off and reapplied. These creams act like a vanishing cream and the individual is not aware he has the cream on except for a faint perfumed odor.

The fact that these creams have been tested with irritating chemicals and that they are recommended for use during such exposures is adequate proof to supervisors that these compounds are known to cause dermatitis on certain individuals. Protective creams are not substitutes for rubber gloves, particularly when working in those substances where it is common practice to wear gloves. The cream should be used with gloves to protect against accidental splashes. It should also be used where no protection has been practiced previously and skin disorders have occurred. DIRECT ACTION AND INSTRUCTIONS BY SUPERVISORS CAN LIMIT DERMATITIS CASES TO A MINIMUM, THUS CONTRIBUTING MUCH TO THE COMFORT OF PERSONNEL.

THE CHEST X-RAY PROGRAM OF THE CIVILIAN HEALTH SERVICE

by
Donald R. Sickler, M.D.
Deputy Chief Medical Officer
The Pentagon Dispensary
Civilian Employees Health Service

Since 1943 the Department of Defense has carried on a chest x-ray program for its civilian employees.

From a very modest beginning it has gradually developed into a most comprehensive survey. In 1943 the survey was for tuberculosis only, today, although tuberculosis is most readily discovered in this way, most of the conditions diagnosed by X-ray of the chest are non-tuberculous. For instance one person in every 300 X-rayed has active tuberculosis requiring treatment; one person in every 80 X-rayed has a lung condition of some type but is able to continue working under close observation; 20 persons in every 400 X-rayed have other chest conditions - of these, one required hospitalization or bed rest at home, the other 19 have chronic disease and are referred to their private physician for the proper care.

The value of having a yearly chest X-ray is the possible discovery of an abnormal condition frequently at its inception. This allows the individual to undergo proper treatment at the time when treatment is effective so that complete cure will result. In many of these cases, the individual remains on the job even while active treatment is going on.

There is general misunderstanding of the purpose and results of the X-ray of the chest. This primarily is because of the publicity that is given to the tuberculosis drives in which an X-ray of the chest is taken.

The examination conducted in the Civilian Employee Health Service is a most complete one and covers a great many conditions other than tuberculosis. An X-ray of the chest gives much information about the individual. It is accomplished in a short time with no discomfort and at little cost.

It can give information about the thyroid, the vertebrae, the ribs, the lungs, the bronchi, the heart and great vessels. Malignant conditions are sometimes discovered.

As a result of this X-ray program the Chest Specialist in the Pentagon Civilian Dispensary see 20 patients because of non-tuberculous disease to each one having a tuberculous lesion. So, although we are conducting a comprehensive tuberculosis campaign, by far the biggest part of this program is directed towards the general well being of the individual examined.

This effort is not entirely an altruistic one. The program is essentially preventive in nature. From a completely cold and calculated viewpoint the department is saving untold man hours and money. The most tragic element in all medicine is the proportion of disease and death that is preventable. In cancer, in tuberculosis and in most other diseases, if the condition is discovered before there are symptoms, a chance for full recovery is over 80 per cent. If, however, the patient reaches medical attention after they have symptoms, their chance for full recovery is much reduced. This means that a large per cent of those patients who go on to an untimely end could be saved to round out their three score and ten.

Neglect of oneself is the tragedy of medicine today. It is not that medicine does not know, but that medicine does not have the opportunity to practice those things that are known.

Prevention then, is the objective of the whole program of the Civilian Health Service of the Department of Defense and specifically of the X-ray part of this program. We seriously recommend the yearly X-ray examination of the chest for every civilian employee as on one of the steps to combat our ever present enemy - disease.

B26339

The Surgeon and Staff

and

Members of

Civilian Health Program

of the

Military District of Washington

extend sincere wishes for a

Merry Christmas

and a very

Happy New Year